

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

02633

Reg. Dist. No. 610

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Bell

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1947 8. (c) If alive, give age years

8. AGE: Years 0 Months 19 Days If less than one day hrs. min.

9. Birthplace Greensboro, Caroline, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Andrew Bell
13. Birthplace Henderson, Md.14. Maiden name Anna Griffin
15. Birthplace Milton, Md.16. Informant Andrew Bell
Address Greensboro, Md.17. Burial Date thereof 3/9/47
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematorium Greensboro
Location Greensboro, Md.18. Funeral director Raymond B. Rawlings
Address Greensboro, Md.19. Mar. 9, 1947 L. Mae Pippin
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Greensboro, Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1947 at 3:45 M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 8, 1947 to Mar. 9, 1947
and that I last saw him alive on March 8, 1947Immediate cause of death Bronchitis Pneumonia DURATION 2 da.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Thomas, Jr. M. D. or other
Address Greensboro, Md. Date signed 3/9/47

ARTESIAN LEAD

PAG CONTENT

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MAR 13 1947
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

02634

Reg. Dist. No. 640

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr.
 Hospital, institution, or street address where death occurred:
North Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. North Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George Luther Bennett

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Launa C. Bennett
 6. (c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) January 21, 1855
 8. AGE: Years 92 Months 1 Days 22 It less than one day hrs. min.

9. Birthplace Roxana, Del.
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name John S. Bennett

13. Birthplace Del.

14. Maiden name Mary Murray

15. Birthplace Del.

16. Informant Launa C. Bennett

Address Federalburg, Md.

17. Burial Date thereof 3-15-1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Roxana Cem

Location Roxana, Del.

18. Funeral director Henry A. Watson

Address Doonbuck City, Md.

19. March 14th 1947 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1947 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4 1947 to March 13 1947 and that I last saw him alive on March 13 1947

Immediate cause of death chronic myocarditis
 DURATION 5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Ordey M. D. or other

Address Federalburg, Md. Date signed 3-15-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 102635

Reg. Dist. No. 620

1. PLACE OF DEATH:

County..... CarolineCity or town..... Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 2 1/2

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Ind. County..... CarolineCity or town..... Denton
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Harry Callison

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife.....

Elizabeth Dennis

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

April 13, 1880

8. AGE:

Years

Months

Days

If less than one day

661120

hrs.

min.

9. Birthplace.....

Denton, Caroline, Maryland
(Town, county, and state)

10. Usual occupation.....

Day Laborer

11. Industry or business.....

MOTHER FATHER

12. Name.....

William J. Callison

13. Birthplace.....

Denton, Ind.

14. Maiden name.....

Rachel Wothers

15. Birthplace.....

Denton, Ind.

16. Informant.....

Mrs. Flora Williamson

Address.....

Denton, Ind.

17.

(Burial, cremation, or removal. Which?)

Date thereof.....

Ind. 7 1947
(month) (day) (year)

Cemetery or crematory.....

Denton

Location.....

Denton, Maryland

18. Funeral director.....

Virgil Moore & Son

Address.....

Denton, Ind.

19.

(Date rec'd by registrar)

3/719 47

Registrar

Wm O Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 3 19..... 47, at 8:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 18 19..... 46, to..... March 3 19..... 47

and that I last saw him alive on.....

March 2 19..... 47

Immediate cause of death.....

Aortic Dissection

DURATION

2 1/2

Due to.....

Due to.....

Other conditions.....

Arteriosclerosis10 years

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Paul Throth M.D.

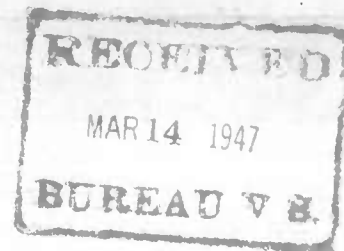
M. D. or other

Address.....

Denton Ind

Date signed.....

3/6/47



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-2

02636

CERTIFICATE OF DEATH

Reg. Dist. No. 410

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 yrs.
 Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ✓

2. (a) If veteran, name war. ✓

3. (a) FULL NAME

Matilda C. Dixon3. (b) Social Security Number ✓

4. Sex

F.

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

James

7. Birth date of deceased (mo., day, yr.)

March 25, 1860

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>11</u>	<u>21</u>	_____ hrs. _____ min.

9. Birthplace

Harrisburg, Penna.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

No Record

12. Name

No Record

13. Birthplace

No Record

14. Maiden name

No Record

15. Birthplace

No Record

16. Informant

James Dixon

Address

Greensboro Md.

17. (Burial, cremation, or removal, which?)

BurialDate thereof 3/30/47
(month) (day) (year)

Cemetery or crematorium

Greensboro

Location

Greensboro Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.

Mar 20 47
 (Date rec'd by registrar)

L. M. Pippin
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 47 at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15 19 47 to March 18 19 47
 and that I last saw him alive on March 17 19 47

Immediate cause of death

Cerebral Hemorrhage

DURATION

10 days

Due to

Cerebral Vascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Chas. H. Foxworth
 M. D. or other
Greensboro, Md. Date signed 3-19-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 24 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 620

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Neen Bridgelee
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Two weeks
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... Carroll
 City or town..... 2x Radely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex..... M 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... widow
 6.(b) Name of husband or wife..... Louis Seneste (Deceased)
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Mar. 30th 1879
 8. AGE: Years..... 67 Months..... Days..... If less than one day..... hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar. 10 19..... 47 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... 10..... 19.....
 and that I last saw h..... alive on..... 19.....

Immediate cause of death.....
 Due to..... Myocarditis; Chronic..... ?
Duration: Unknown
 Due to..... Cuba
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Wm D. Seneste..... or other

Address..... Neen Bridgelee..... Date signed..... 3/14/47

9. Birthplace..... France
 (Town, county, and state)
 10. Usual occupation..... House work
 11. Industry or business.....
 12. Name..... not known
 13. Birthplace..... France
 14. Maiden name.....
 15. Birthplace..... France
 16. Informant..... Welfare Board
 Address..... Denton - Ind.
 17. Buried Date thereof..... 3-14-47
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... Denton Cemetery
 Location..... Denton Maryland
 18. Funeral director..... J. Virgil Moore & Son
 Address..... Denton Ind.
 19. 3/14 19..... 47 Wm D. Seneste
 (Date rec'd by registrar)..... Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 02638 680

1. PLACE OF DEATH:

County Anderson
 City or town Caroline
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Anderson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Florence M. Griffith

3. (b) Social Security Number

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Charles6. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) April 8, 18728. AGE: Years 74 Months 11 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name James Emerson13. Birthplace No Record14. Maiden name Rebecca Black15. Birthplace No Record16. Informant Mrs. Charles GriffithAddress Anderson, Md.17. Burial Greensboro Date thereof 3/27/47
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematorium Greensboro, Md.Location Greensboro, Md.18. Funeral director Raymond B. RawlingsAddress Greensboro, Md.19. 3/24 47 W. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 19 47 at 3:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-8- 19 47, to 3-23- 19 47and that I last saw him/her alive on 3-23- 19 47Immediate cause of death Cardiac insufficiency DURATION 2 wks.Due to arteriosclerotic Heart Disease 10 yrs.Due to General Arteriosclerosis 25 yrs.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

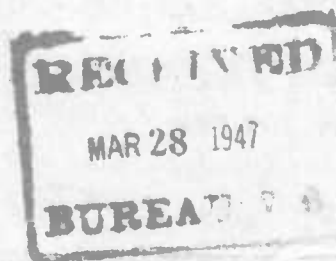
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Geo. A. White M. D. or other _____Address Ridgely, Md. Date signed 3/24/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of age is shown on G 109 3/31/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

CERTIFICATE OF DEATH

02639

Reg. Dist. No. 66

1. PLACE OF DEATH:

County.....Caroline
City or town.....Edinboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....8 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....D. C. County.....
City or town.....Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1729 12th St. N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Ashwood D'Oly Holder

3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....Col'd 6.(a) Single, married, widowed, or divorced.....Married
6.(b) Name of husband or wife.....Louise Holder
7. Birth date of deceased (mo., day, yr.).....October 16, 1874 6.(c) If alive, give age.....33 years
8. AGE: Years.....72 Months.....5 Days.....2 If less than one day.....hrs.min.

9. Birthplace.....Haiti Port-au-Prince
(Town, county, and state)

10. Usual occupation.....Minister

11. Industry or business.....

FATHER 12. Name.....Henry Thomas Holder
13. Birthplace.....Unknown

MOTHER 14. Maiden name.....Phyllis Ann Fowler
15. Birthplace.....Bahamas Island

16. Informant.....Lancelot Holder
Address 1729 12th St. N. W. Wash. D. C.

17. Burial Date thereof.....March 28, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....Lincoln Memorial, Washington D.C.
Location.....

18. Funeral director.....Leon T. Henry
Address 310 South St. Easton, Maryland

19. March 28, 1947 (Date rec'd by registrar) Registrar J. B. Davis

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 18 19.....47 at.....3:55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....March 17 19.....47 to.....March 18 19.....47
and that I last saw him alive on.....May 18 19.....47

Immediate cause of death.....Angina pectoris
Due to.....Arterio-sclerosis

Due to.....
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....

23. SIGNATURE.....W. L. Small, M.D. M. D. or other.....
Address.....Senton, Md. Date signed.....3/10/47

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MAR 22 1947

BUREAU V B

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

CERTIFICATE OF DEATH

Reg. Dist. No. 02640 620

1. PLACE OF DEATH:

County... Caroline
 City or town... Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? short time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) Green Anna
 State... Ind County... Caroline
 City or town... Starr
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Webster Jacobs

3. (b) Social Security Number

220-05-01964. Sex M 5. Color or race Col. 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age... years
7. Birth date of deceased (mo., day, yr.) Jan. 14, 19208. AGE: Years 27 Months 2 Days 20 It less than one day
..... hrs. min.9. Birthplace Centerville, Maryland
(Town, county, and state)10. Usual occupation factory worker

11. Industry or business

12. Name Percy Jacobs13. Birthplace Maryland14. Maiden name Minnie B. Jacobs15. Birthplace Maryland16. Informant Minnie Jacobs (sister)Address Centerville, Ind.17. Buried Date thereof 3-23-47
(Burial, cremation, or other) (month) (day) (year)Cemetery or crematory Centerville CemeteryLocation Centerville, Ind.18. Funeral director J. Regis M. WorkAddress Denton, Ind.19. 3/22 19. 47 Dr. B. O. Gump
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 19. 47 at 11 A M21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
..... 19....., to..... 19.....
and that I last saw him..... alive on..... 19.....

Immediate cause of death..... DURATION

Internal HemorrhageDue to severe, irregular fever & few mitescardiac artery

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 3/20/47Where did injury occur? Denton Caroline Ind
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public roadMeans of injury Stake wound Injured at work? -23. SIGNATURE Samuel D. Gump M. D. or otherDeputy Medical ExaminerAddress Denton Date signed 3/22/47

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MAR 27 1947

BUREAU

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 02641

Reg. Dist. No. 610

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Greensboro, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 1/2 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Caroline
 City or town..... Greensboro, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(d) If veteran, name war.....

3. (a) FULL NAME

E. Elizabeth Kibler

3. (b) Social Security Number

4. Sex..... F. 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed
 6. (b) Name of husband or wife..... Louis

7. Birth date of deceased (mo., day, yr.)..... Feb. 2, 1865 6. (c) If alive, give age..... years

8. AGE: Years..... 82 Months..... 1 Days..... 13 It less than one day..... hrs. min.

9. Birthplace..... Alsace Lorraine, France
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Michael Schreiber

13. Birthplace..... Alsace Lorraine, France

14. Maiden name..... Eva Lorentz

15. Birthplace..... Alsace Lorraine, France

16. Informant..... Mrs. Anne Bradford

Address..... Greensboro, Md.

17. Burial..... Date thereof..... 3/19/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... Holy Cross

Location..... Near Greensboro

18. Funeral director..... Raymond B. Rawlings

Address..... Greensboro, Md.

19. Mar. 17, 1947 L. M. Pippin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 15, 1947, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12, 1947 to Mar. 15, 1947 and that I last saw him alive on Mar. 15, 1947.

Immediate cause of death.....

Chronic myocarditis (1)

One to..... Interosideritis

Due to..... Cardiovascular Disease

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Charles X. Fournier M. D. or other

Address..... Greensboro, Md. Date signed..... 3/17/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

Reg. Dist. No. 02642 630

1. PLACE OF DEATH:

County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
Harmony Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Harmony Road
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

Isabelle M. Mustbaum

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) February 2, 1864
 8. AGE: Years 83 Months 1 Days 9 If less than one day
— hrs. — min.

9. Birthplace Carroll County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home

FATHER 12. Name David Mustbaum
 13. Birthplace Frederick County, Maryland
 MOTHER 14. Maiden name Mary Ecker
 15. Birthplace Frederick County, Maryland

16. Informant Charles G. Mustbaum
 Address Preston, Maryland, R.F.D.

17. Burial Date thereof March 14, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Presbyterian Church Cemetery
 Location New Windsor, Maryland

18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland

19. 3111 1947 C. D. Pleummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 19 47, at 1:55 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 1 19 45 to March 11 19 47
 and that I last saw her alive on March 10 19 47

Immediate cause of death uremia and cardiac decompensation DURATION 3 days

Due to Chronic Hypertensive arteriosclerotic cardiac renal disease 5 yrs

Due to
 Other conditions Bilateral cataracts
senile dementia
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

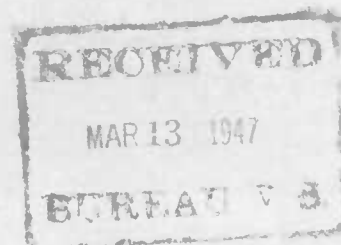
Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE C. D. Pleummer M. D. or other
Preston Maryland Date signed 3/11/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

02643

CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:

County Caroline
City or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 years
Hospital, institution, or street address where death occurred:
Academy Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. Academy Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Samuel R. Preston

3. (b) Social Security Number

218-16-5188

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Emma L. Preston
6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) March 27, 1868

8. AGE: Years 78 Months 11 Days 25 If less than one day
..... hrs. min.

9. Birthplace Reading, Pennsylvania
(Town, county, and state)

10. Usual occupation Architect

11. Industry or business Maryland Plastics, Inc.

12. Name Joseph E. Preston

13. Birthplace Philadelphia Pennsylvania

14. Maiden name Ruth Ann Reeves

15. Birthplace Reading Pennsylvania

16. Informant Mrs. Emma L. Preston

Address Federalburg, Maryland

17. Burial Date thereof March 24, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West Laurel Hill Cemetery

Location Bala-Cynwyd, Pennsylvania

18. Funeral director J. J. Frampton and Son

Address Federalburg, Maryland

19. March 24, 1947 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1947 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 5, 1947 to March 22, 1947

and that I last saw him alive on March 22, 1947

Immediate cause of death Crown Thrombosis

DURATION 6 weeks

Due to Crown heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Anderson M.D.

Address Federalburg, Md. Date signed 3/24/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

02644

Reg. Dist. No. 620

1. PLACE OF DEATH: County <u>Caroline</u> City or town <u>Denton</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Long</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Caroline</u> City or town <u>Denton</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name War			
3. (a) FULL NAME <u>Olivia Pratt Roe</u>				3. (b) Social Security Number _____			
4. Sex <u>F.</u>		5. Color or race <u>W.</u>		6. (a) Single, married, widowed, or divorced <u>Divorced</u>			
6. (b) Name of husband or wife <u>Nicholas P. Roe</u>				7. Birth date of deceased (mo., day, yr.) <u>April 14, 1868</u>			
8. AGE: Years <u>78</u> Months <u>10</u> Days <u>17</u>		8. (c) If alive, give age _____ years		2D. DATE OF DEATH <u>March 3, 1947</u> at <u>7:35</u> M			
9. Birthplace <u>Windsor, Caroline, Md.</u> (Town, county, and state)				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec 26</u> 19 <u>46</u> , to <u>March 3</u> 19 <u>47</u> and that I last saw him alive on <u>March 2</u> 19 <u>47</u>			
10. Usual occupation <u>None</u>				Immediate cause of death <u>My hypertensive heart disease</u>			
11. Industry or business <u>None</u>				Due to <u>arteriosclerosis</u>			
12. Name <u>Olivia Pratt Roe</u>				Due to _____			
13. Birthplace <u>Md.</u>				Other conditions _____			
14. Maiden name <u>Md.</u>				(Include pregnancy within 3 months of death)			
15. Birthplace <u>Md.</u>				Major findings of operations _____			
16. Informant <u>Mr. Paul P. Smith</u>				Date of op. _____			
Address <u>Denton, Md.</u>				Autopsy results _____			
17. (Burial, cremation, or removal. Which?) <u>Burial</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Date thereof <u>April 7, 1947</u>				22. VIOLENCE: If death was due to external causes, fill in the following:			
Cemetery or crematory <u>Denton Cemetery</u>				Accident, suicide, or homicide _____ Date of _____			
Location <u>Denton, Maryland</u>				Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____			
18. Funeral director <u>Paul Smith</u>				Injured at home, farm, industry, public place (where?) _____			
Address <u>Denton, Md.</u>				Means of injury _____ Injured at work? _____			
19. (Date rec'd by registrar) <u>4/12</u> <u>47</u> <u>M.D. George</u>				23. SIGNATURE <u>P. Paul Smith M.D.</u> M. D. or other _____			
Registrar				Address <u>Denton, Md.</u> Date signed <u>4/2/47</u>			

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APR 3 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 620

1. PLACE OF DEATH:

County Caroline
 City or town Denton P.O. No. 2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Caroline
 City or town Denton P.O. No. 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME

Elizabeth Ross
 4. Sex female 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced widow
 6. (b) Name of husband or wife Levin Ross
Dead 6. (c) If alive, give age no years
 7. Birth date of deceased (mo., day, yr.) about 1887

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1947, at 4:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19..... to 19.....
 and that I last saw him..... alive on 19.....
 Immediate cause of death..... DURATION

Cardiac Acclusion
Hypertension
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE James H. Stewart M. D. or other
Denton Address..... Date signed 4/1/47

8. AGE: Years Months Days If less than one day
about 60 hrs. min.

9. Birthplace Denton MD
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business same as above

12. Name Ethel Lophar

13. Birthplace Denton MD

14. Maiden name Margaret Stanford

15. Birthplace Denton MD

16. Informant Ethel Bateman

Address Denton MD

17. Burial Date thereof Apr 4 - 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

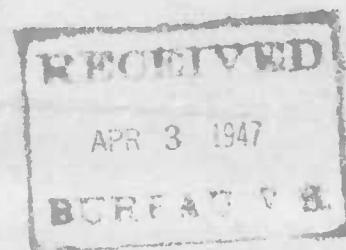
Cemetery or crematory Ross

Location Caroline Co

18. Funeral director James H. Stewart

Address Salisbury MD

19. 4/1 47 MD George
 (Date rec'd by registrar) Registrar



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

02646

CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
American Cancer
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. American Cancer
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Marie Trice

3. (b) Social Security Number

216-18-2037

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Melvin Trice
 6. (c) If alive, give age 22 years
 7. Birth date of deceased (mo., day, yr.) July 28, 1915
 8. AGE: Years 31 Months 7 Days 25 It less than one day _____ hrs. _____ min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home

FATHER 12. Name John W. Dean
 13. Birthplace Caroline County, Maryland
 MOTHER 14. Maiden name Katie Fleming
 15. Birthplace Caroline County, Maryland

16. Informant Melvin Trice
 Address Federalburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 25, 1947
 (month) (day) (year)
 Cemetery or crematory Hill Crest Cemetery
 Location Federalburg, Maryland

18. Funeral director J. J. Frampton & Son
 Address Federalburg, Maryland

19. March 25 1947 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1947, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 1944 to March 23 1947
 and that I last saw her alive on March 23, 1947 1947

Immediate cause of death Scirrhus cell carcinoma left breast & generalized metastases.
 DURATION 2 1/2 yrs.

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation Radiol amputation left breast - see above Date of op. Nov. 1, 1944

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Frank M. Anderson M.D.
 Address Federalburg, Md. Date signed 3/25/47

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2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
148 North Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 148 North Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Harry F. Turner

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Annie T. Turner

7. Birth date of deceased (mo., day, yr.)

January 28, 1876

8. AGE:

Years

Months

Days

If less than one day

71112

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

House Painter

11. Industry or business

Painter

FATHER

12. Name

James H. Turner

13. Birthplace

Caroline County, Maryland

MOTHER

14. Maiden name

Eleanor Nichols

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. J. Paul Mowbray

Address

Federalburg Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 12, 1947
(month) (day) (year)

Cemetery or crematory

Heel Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19. March 11, 1947

(Date rec'd by registrar)

J. J. Frampton

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1947, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12, 1947 to March 10, 1947and that I last saw h.s. alive on Mar. 10, 1947.

Immediate cause of death

Carcinoma of Stomach

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

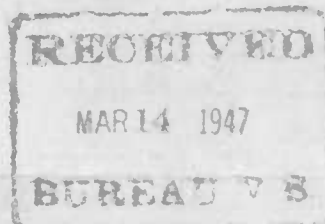
Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.

M. D. or other

Address Federalburg Md Date signed 3/11/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

130



02648

Reg. Dist. No. 640

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:
Houston Branch Road
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Houston Branch Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

J. Edward Turner

3. (b) Social Security Number

166-07-3495

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Annie Turner

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

October 9, 1870

8. AGE:

Years

76

Months

5

Days

18

If less than one day

_____ hrs. _____ min.

9. Birthplace

Federalburg, Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Congoleum Factory

FATHER

12. Name

J. Edward Turner

13. Birthplace

Federalburg, Md.

MOTHER

14. Maiden name

Leona Johnson

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Alice Phillips

Address

Federalburg, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 31, 1947
(month) (day) (year)

Cemetery or crematory

Federal Hill Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frabottom & Son

Address

Federalburg, Maryland19. March 29

(Date rec'd by registrar)

19 47 J. J. Frabottom

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 2719 47, at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1019 47to March 2419 47

and that I last saw him alive on

March 2419 47

Immediate cause of death

Acute Prurulentpleurisy

Due to

Exacerbated &Weather

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harvard T. Bell, M.D.

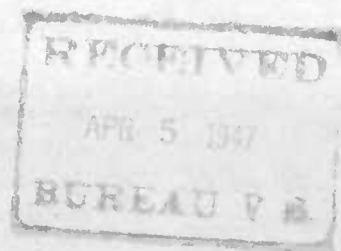
M. D. or other

Address

Easton, Md.

Date signed

3/29/47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

02649

Reg. Dist. No. 630

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Clarence Willoughby

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

7. Birth date of _____ 8.(c) If alive, give age _____ years

deceased (mo., day, yr.) August 6, 1901

8. AGE: Years Months Days If less than one day

45624

_____ hrs. _____ min.

9. Birthplace Preston, Caroline, Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business CanningFATHER 12. Name J. H. Willoughby13. Birthplace Caroline CountyMOTHER 14. Maiden name Laura J. Carroll15. Birthplace Caroline County16. Informant J. H. WilloughbyAddress Preston, Md.17. Burial Date thereof Mar. 5, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Jr. O. U. A. M.Location Preston, Md.18. Funeral director H. M. HollisAddress Preston, Md.19. March 17 19 47 C. D. Plummer
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 19 47, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION

Due to Accidental DrowningDue to Fell in stream, I wasunable to get out.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3/3/47Where did injury occur? Preston Caroline Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public RoadMeans of injury drowning Injured at work? no23. SIGNATURE Amos O. George M. D. or otherAddress Dr. J. M. D. Plummer Date signed 3/5/47

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MAR 18 1947
BUREAU

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MAR 18 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

02650

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County..... *Caroline*
 City or town..... *near Denton*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... *life*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... *Maryland* County..... *Caroline*
 City or town..... *near Denton*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

William Henry Wisher

3. (b) Social Security Number

4. Sex..... *M* 5. Color or race..... *Col* 6.(a) Single, married, widowed or divorced..... *married*
 6.(b) Name of husband or wife..... *Laura Wisher*
 6.(c) If alive, give age..... *60* years
 7. Birth date of deceased (mo., day, yr.)..... *Oct. 4, 1883*
 8. AGE: Years..... *63* Months..... *6* Days..... *27* If less than one day..... hrs. min.

9. Birthplace..... *Denton, Caroline, Maryland*
(Town, county, and state)10. Usual occupation..... *Farmer*

11. Industry or business

FATHER 12. Name..... *Henrikish Wisher*
 13. Birthplace..... *Maryland*
 MOTHER 14. Maiden name..... *Belle Fisher*
 15. Birthplace..... *Maryland*

16. Informant..... *Laura Wisher*
 Address..... *Kobbs, Maryland*

17. *Burial* Date thereof..... *Apr. 3, 1947*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... *Denton Colored*Location..... *Denton, Maryland*18. Funeral director..... *Edward Eugene*Address..... *Denton, Maryland*

19. *4/2* 19 *47* *Wm. A. D. George*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *March 31* 19..... *47* at..... *7:45 A*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... *May 25* 19..... *38* to..... *March 31* 19..... *47*
 and that I last saw him alive on..... *March 29* 19..... *47*

Immediate cause of death..... *Hypertensive heart disease* DURATION..... *2 yr*

Due to..... *arterio sclerosis*..... *4 yr*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... *Paul Thrifts* M.D.

Address..... *Denton Md* M. D. or other..... *4/2/47*
 Date signed.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 15 1947
BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

02651

Reg. Dist. No. 66

1. PLACE OF DEATH:

County... Caroline
 City or town... near Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... Rd. near Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

John Franklin Dykoff

3. (b) Social Security Number

4. Sex m 5. Color or race W. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Lillian Forrest
 6. (c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) Sept-1-1893
 8. AGE: Years 53 Months 6 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D.C.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Dykoff
 13. Birthplace D.C.
 14. Maiden name Aurora Smith
 15. Birthplace D.C.
 16. Informant Mrs Lillian Dykoff
 Address Rd. Ridgely Md
 17. Burial Date thereof 13-18-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cedar Hill Cemetery
 Location Near Washington D.C.
 18. Funeral director J. Virgil Brown & Son
 Address Dover Md.
 19. Mar 17 1947
 (Date rec'd by registrar) Registrar J. Davis

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 March 1947, at 4:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-11- 1947, to 3-14- 1947and that I last saw him alive on 3-14- 1947Immediate cause of death Hypertensive Heart Disease DURATION 3 daysDue to Hypertensive Heart Disease 10 yrsDue to Atherosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George White

M. D. or other

Address Ridgely Md Date signed 3-17-47

RECEIVED

MAR 19 1947

BUREAU V B

1-35